

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) ELIGIBILITY CERTIFICATION

PLEASE PRINT

Participation in TEFAP is voluntary. Personally identifiable information collected is required for participation and will be used for that purpose only.

Name - Last	First	MI	Telephone Number
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Street Address	City	Zip Code	County
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I CERTIFY WITH MY SIGNATURE THAT:

- My monthly gross household income is at or below the federally approved DPH limits for participation in this program for the number of people in my household as indicated on this form.
- I will use the federal commodities received for household consumption only.
- I release the USDA/FNS, the State of Wisconsin, and any agency or person distributing federal commodities from any liability resulting from receipt of this food.
- I understand that making a false certification may result in my having to reimburse the State for the value of food improperly issued to me and may subject me to criminal prosecution under State and Federal law.
- Rules for acceptance and participation in the program are the same for everyone without regard to race, color, religion, national origin, age, sex or disability.
- Reasonable accommodations may be requested to participate in this program.

MAXIMUM INCOME FOR RECEIPT OF TEFAP COMMODITIES

Household Size	Monthly Income	Household Size	Monthly Income	Household Size	Monthly Income
1	\$1,511	4	\$3,084	7	\$4,656
2	\$2,035	5	\$3,608	8	\$5,180
3	\$2,560	6	\$4,132	9	\$5,705
				10	\$6,230

For each additional household member over ten add \$525 monthly.

	DATE	RECIPIENT SIGNATURE	FAMILY SIZE		ADDRESS VERIFIED		DO YOU NEED OTHER ASSISTANCE		TYPE OF OTHER PROGRAM INFORMATION GIVEN TO CLIENT
			ADULTS	CHILDREN	YES	NO	YES	NO	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

Name - Pantry	Address - Pantry
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Name - Emergency Feeding Organization	Date Form Filled Out
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